Guidelines for Assessment Foster Family and Congregate Care Programs

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Guidelines for Assessment Foster Homes & Congregate Care Facilities

INTRODUCTION:

Matching children with services that can meet their needs and the needs of their families is crucial in best casework principles and is one of the fundamental foundations for achieving positive outcomes for the families which the Department serves. Maintaining a 0varied array of services to meet the needs of families is part of the mission of the Department and is one of the primary principles of the R. C. Consent Decree. Many times children, whose family histories and backgrounds are unknown or sketchy, are brought into the care of the Department, and Department staff members are earnest in seeking the placement services for the child to best meet their individual needs. A lack of this crucial assessment information for the child and his/her family historically has led to placement disruptions and instability for children, who by the fact of being separated from their families, have already suffered significant losses.

To aid in gathering and analyzing specific background information for children and families to implement placement decisions to meet the child's short-term and permanency goals, county staff began to negotiate with providers in the creation of "assessment services." The Department and the provider community agreed that assessment foster home/congregate care services should be consistent across the State, while at the same time allowing for some individuality and flexibility in the various programs. In an effort to provide this consistency, this Assessment Foster Home/Congregate Care Facility Guideline was developed. Additionally each provider must meet the Minimum Standards that apply placement to their specific program.

Assessment Foster Family Homes

POPULATION TO BE SERVED:

Assessment placement services will be available to children who need an out-of-home placement and assessment services to assist in identifying a permanent placement. These children will enter placement with a variety of behaviors, some with moderate to severe emotional and behavioral problems. Assessment Foster Family Homes can care for age birth to 19 years (exception is a sibling group or teen mother and her child).

The Assessment placements are NOT locked facilities and will not accept referrals on children who need lock down. Assessment placements will NOT accept children who are acting out illegally, actively psychotic, or a danger to self or others. Assessment placements will NOT require a DSM IV diagnosis for placement.

Examples of appropriate referrals are:

1. A new entry into care
2. Current placement is not meeting child's needs and there are questions about what type of placement would be appropriate
3. A child is experiencing multiple placements
4. Runaways
5. Crisis stabilization

NUMBER TO BE SERVED:

The Assessment Foster Family Home will have the capacity to serve one child, unless a sibling group or teen mother and child needs placement.

INDIVIDUAL SERVICE PLAN POLICY:

In accordance with the RC Consent Decree and good social work practice, Individualized Service Plans shall be held at the time of placement. In times when the department is unable to have an ISP at the time of placement, and ISP will be held within 72 hours of placement. Within 10 working days, the county DHR office will arrange a meeting with the ISP team to discuss further assessment and to plan for the 30 day ISP review. The ISP team will be comprised of DHR, the providers, birth families, school counselors, age-appropriate children and significant others in the child's life. When the child has been in the assessment placement for 60 calendar days, a transition/discharge ISP will be conducted with recommendations for the appropriate placement and steps to transition the child to an identified resource.

REFERRAL PROCESS:

A child who is referred by DHR must be in the custody of DHR or on a Boarding Home Agreement. A DSM-IV diagnosis is NOT required for placement. For child placing agencies, the referrals must come through DHR's resource person/liaison, or other designated staff, during regular business hours. The county departments must submit a written referral using a DHR application form. The application process must also include DHR-OCG 724 or 1878. They must provide as much information as the county has obtained. The county DHR department must also complete an Interagency Agreement using DHR-DFC 823 within 72 hours of placement. For after hours placements, only the

application form will be submitted at the time of placement; all subsequent forms will be submitted the next working day by the designated staff of the referring department.

PROVIDER SERVICES

1. Assessment foster homes will be available for children who are in need of assessment. The services will be available to children with moderate to severe emotional and behavioral problems who are not suicidal, homicidal, or actively psychotic. The service would not be appropriate for youth who could not be safely contained in family setting.

2. On call will be available 24 hours a day, seven days a week. The assessment home will have the capacity, in partnership with DHR, to provide the following services:

    a. Transport to school, medical and mental health appointments;
    b. Maintain the child's involvement in extracurricular activities, if possible;
    c. Document observations of behavior and interactions with others through narrative recording and/or use of a behavior chart;
    d. Assess strengths and needs of the child and his/her family
    e. Prior to discharge, work with the identified placement resource for a smooth transition.

3. Provider will be present and an active participant in the ISP and IEP for each child.
4. Provider will assist with visitation as specified and agreed upon in the ISP.

5. Provider will work with DHR to make certain that a current educational assessment, psycho-social assessment, developmental assessment and medical assessment are available for each child.
6. Providers will provide a written treatment plan within 10 working days of placement whether by written communication, telephone or face-to-face.
7. Provider will have weekly contact with the DHR worker or supervisor regarding the child.
8. Provider will do 3 follow up contacts within 60 days regarding the child after discharge. These contacts can include:
    - Face to face contact by worker and/or foster parent
    - Telephone contact
    - Attend ISP's, court
    - Contact with DHR worker
    - Contact with other providers
9. Providers will send child specific quarterly reports to the county DHR which include program outcome information.
10. Providers will complete the assessment process and have the assessment document to DHR within 90 calendar days. Exceptions will be evaluated on a case-by-case basis.
11. Educational needs and services must be addressed in the placement ISP.

DHR SERVICES:

1. DHR will pay the standard board payment or contract rate to each foster family.
2. DHR will apply for child's Medicaid within 5 days of placement. DHR will assume financial responsibility for all medical expenses not covered by Medicaid.

DHR will notify the agency when the application for Medicaid has been completed.

3. For children not eligible for Medicaid, DHR will be responsible for medical expenses and/or applying for health insurance, either private or "All Kids."

4. DHR will schedule and conduct the ISP within 72 hours of placement and will include the provider in all ISPs and IEPs concerning the child. Providers can call for a meeting of the ISP team per current ISP policy.

5. DHR worker will have face-to-face contact in the assessment home with the child at least monthly. These visits will be coordinated with the foster parent.

6. DHR worker will maintain frequent and regular contact with the provider and will return all provider phone calls within a maximum of 24 hours.

7. DHR will maintain responsibility as primary case manager, including scheduling a transition/discharge ISP within 60 days to identify a specific placement resource for the child as recommended by the assessment. The development of a concurrent plan should also occur during this ISP meeting.

8. DHR will have primary responsibility for child's visitation with family. The specifics of visitation will be addressed in the ISP.

9. If psychological evaluations are not conducted in-house by the assessment agency, DHR will authorize payment for the evaluations by the DHR-1878.

10. A crisis plan will be developed at the time of placement. This plan should be an integral part of the ISP but must be completed at the time of placement even if the full ISP is not completed at that time.

LENGTH OF STAY:

Assessment home placements are intended to be focused and short term. Children should remain in assessment homes less than 120 calendar days.

At about 60 calendar days into the placement, a transition/discharge ISP should be held to plan for discharge. All exceptions will require approval by State DHR's Office of Licensing & Resource Development and must be requested by the county DHR office managing the case.

QUALIFICATIONS OF STAFF AND TRAINING

A. AGENCY PERSONNEL

Agency personnel must adhere to, in addition to the standards herein, any applicable rules, regulations, and standards set forth by federal, state, or local governments or agencies for the purpose of governing agencies providing care or responsible for the placement of children. Written job descriptions shall be provided on all staff and will be maintained on site.

Assessment Home Care personnel perform several roles and carry a wide variety of responsibilities. Primary among these is their responsibility for providing in-depth assessment to assist counties in permanency planning for the child. Personnel shall include a case worker, a supervisor or clinical consultant and the assessment foster parents. Responsibilities required of program staff include, but are not limited to, care and supervision of the child, case assessment and consultation, clinical and administrative supervision of staff, 24-hour crises intervention, on-call services, participation in the child and family planning team, training, child intake and placement, record keeping, and program evaluation.

The program shall designate an individual responsible for its administration. This individual assumes final responsibility for the provision and oversight of all essential tasks and services described in these Guidelines within the parameters specified. The responsibilities ascribed to program staff will vary according to the size, nature and discretion of individual agencies.

At least one staff member with programmatic or clinical authority shall be:

a. a physician licensed under Alabama law to practice medicine or osteopathy;
b. a psychologist licensed under Alabama law;
c. a professional counselor licensed under Alabama law;
d. a master's level social worker licensed under Alabama law;
e. a registered nurse who has completed a master's degree in psychiatric nursing;
f. an individual possessing a master's degree or above from a university or college with an accredited program for the respective degree in psychology, social worker, counseling or other areas that require equivalent clinical course work and who:
    i. has successfully completed a practicum as a part of the requirements for the degree;
    ii. has 6 months post master's level professional experience supervised by a master's level or above with two years of post graduate professional experience.

1. **SUPERVISOR**

The Supervisor takes ultimate responsibility for the development of an assessment treatment plan based on a thorough assessment for each child admitted to the program.

a. SUPERVISOR'S RESPONSIBILITIES

i. **CASEWORK SUPERVISION**. The Supervisor provides regular support and guidance to the Case Worker through weekly supervisory meetings. Formal supervisory meetings shall be supplemented as needed by informal contact between Supervisor and Case worker. The supervisor's caseload shall not exceed 6 case workers.

ii. **TREATMENT TEAM**. The Supervisor oversees and supports the Case Worker as leader of the assessment program's treatment team and shares ultimate responsibility for team plans and decisions. The supervisor provides information and training as needed to treatment team members.

iii. **CRISIS ON-CALL.** The Supervisor provides coordination and backup to assure that 24-hour on call crisis intervention services are available and delivered as needed to the Assessment foster parents, the children, and their families.

b. SUPERVISOR'S QUALIFICATIONS

The Supervisor shall be:

i. LCSW or LPC.

ii. An individual possessing a Master's degree or above from a university or college with an accredited program for the respective degree in psychology, social work, counseling or other areas that require equivalent clinical course work and who:

a. has successfully completed a practicum as a part of the requirements for the degree, or

b. has 6 months post Master's level professional experience supervised by a Master's level or above with two years of post graduate professional experience or.

iii. LBSW with five (5) years experience in children's therapeutic setting.

2. **CASEWORKER**

The Case Worker initiates the development of treatment plans based on the strengths and needs identified in the family and/or child's Individualized Service Plan, provides support and consultation to Assessment foster parents, to families of children in care, and to other treatment team members related to their role as described in treatment plan; and advocates for, coordinates, and links children and families with needed services available within the community.

Specifically, the Case Worker must perform the functions and meet the qualifications stated below.

a. CASEWORKER'S RESPONSIBILITIES

i. **TREATMENT TEAM**. Under the supervision of the Supervisor, the Case Worker takes primary day-to-day responsibility for leadership of the assessment program treatment team. If the Case Worker is prevented from participation in a treatment team meeting, the supervisor takes over that responsibility. The treatment team leader manages team decision-making regarding the care and treatment of the child and services to the child's family, as identified in the child's assessment treatment plan.

The Caseworker provides information and training as needed to treatment team members. The Case Worker shall take a proactive role in identifying the goals and coordinating treatment services provided to the child by persons or agencies outside the program whether or not these persons or agencies participate regularly as treatment team members.

ii. **TREATMENT PLANNING.** Under the supervision of the Supervisor, the Case Worker takes primary responsibility for the preparation of each child's written assessment treatment plan. The Case Worker signs off on treatment plans and updates. The Case Worker implements and involves other treatment team members in this process including the assessment foster parents, the child, and the child's family and DHR. The supervisor reviews, updates if needed, and approves treatment plans.

iii. **SUPPORT/CONSULTANT TO ASSESSMENT FOSTER PARENTS OR ASSESSMENT GROUP STAFF.** The Case Worker shall provide regular support and technical assistance to the assessment foster parents in their implementation of the treatment plan and with regard to other responsibilities they undertake. Fundamental components of such technical assistance will be the design or revision of in home treatment strategies including pro-active goal setting and planning, and the provision of ongoing child-specific skills training and problem solving. This can be best facilitated through teaching, modeling, coaching, and feedback.

Other types of support and supervision should include emotional support and relationship building, the sharing of information and general training

to enhance professional development, assessment of the child's progress, observation and assessment of family interactions, stress, and safety issues. The Case Worker shall visit the assessment foster home to meet with at least one foster parent no less than weekly.

iv. **CASE LOAD.** The number of children assigned to a Case Worker is a function of several variables including the size and density of the geographic area served, the array of job responsibilities assigned, and the difficulty of the population served. The maximum number of children that may be assigned to a case worker is six (6). A case worker can have no more than a 1 to 6 client ratio. The case load size shall be adjusted downward if (1) the Case Worker's responsibilities exceed those described under "Case Worker's Responsibilities" in these Standards (2) the difficulty of the client population served requires more intensive supervision and training of the assessment parents, or (3) if local travel conditions impede the Case Worker's ability to maintain the minimum direct contact frequencies identified in these Standards.

v. **CONTACT WITH CHILD.** The Case Worker or other staff shall regularly spend time alone with children in care to allow them the opportunity to communicate special concerns, to make a direct assessment of their progress, to monitor for potential abuse and to build relationships. Such face-to-face contact must occur in-home at least weekly.

vi. SUPPORT/CONSULTATION TO THE FAMILIES OF CHILDREN.

During a child's tenure in assessment program, the Case Worker shall seek to support and enhance the child's relationships with family members. The Assessment Case Worker will collaborate with a DHR case worker to establish regular contact and visitation between children and their parents, other family members, and significant others as specified in the Individualized Service Plan. The Case Worker shall involve the child's parents in treatment team meetings, plans and decisions and to keep them informed of the child's progress in the program.

If the child's parents are not actively involved in planning for the child, the reasons must be documented in the case record.

vii. COMMUNITY LIASION AND ADVOCACY. Based on a thorough assessment of the child's strengths and needs, the Case Worker

and other members of the treatment team shall determine which community resources and/or services are required and how they may be used to meet the objectives of the child's assessment treatment plan. The Case Worker with the treatment team will advocate and assist in creating and coordinating the provision of such services and shall provide technical assistance to community service providers as needed to maximize the benefit of these services to the child.

viii. CRISIS ON-CALL. The Case Worker, together with other professionals' staff as designated by the agency, shall be on-call to

assessment foster parents, children, and their families. This coverage is on an around-the clock, 7 day-a-week basis.

CASE WORKER'S QUALIFICATIONS.

i. **QUALIFICATIONS.** The Case Worker shall be.

a. LBSW.

b. BSW eligible for license within six (6) months or

c. Bachelor's degree in Social work or closely related field and six (6) months experience in a child's therapeutic setting. A Master's degree in a human service field will substitute for work experience.

3. **STAFF TRAINING AND SUPPORT**

All professional staff requires pre-service and ongoing professional development relevant to the assessment home care model and their individual job responsibilities.

a. **AGENCY STAFF DEVELOPMENT.** Professional staff shall participate in 20 hours of pre-service training prior to assuming casework responsibilities and participate in ongoing training as scheduled by the agency throughout the year. At a minimum, training shall address:

1) Overview of Placing Agencies

2) An overview of assessment foster care

3) Orientation to the agency's treatment philosophy, policies and procedures including documentation and evaluation requirements.

4) Skill training in the specific treatment methodologies it employs

5) generally accepted principles of child care and behavior management practices

6) crisis intervention and the use of passive physical restraint

7) grief and loss issues for children in foster care

8) the significance of relationship building and connections to significant others.

9) Cultural competence and culturally responsive services.

10) Confidentiality issues

11) The philosophy and characteristics of the system of care required by the R. C. Consent Decree

12) The rights of R. C. class members and their families under the Consent Decree

13) The damage caused to children through multiple placements and staff's role in minimizing multiple placements

14) Staff's role in the Individual Service Plan Process

The Program shall provide a minimum of 40 hours of in-service training per year to professional staff. (Refer to Therapeutic Foster Care Standards for Assessment Foster Care Staff and included in this training, sessions on Infant and Adult CPR and First Aid are mandatory.)

b. CRISIS ON-call. The program shall provide on-call crisis intervention support to supplement that provided by the Case Worker to allow for regular respite and to minimize staff burnout.

c. LIABILITY INSURANCE. Professional staff shall be covered by liability insurance.

d. LEGAL ADVOCACY AND REPRESENTATION. The agency may assist staff in obtaining legal advocacy and representation should the need arise in connection with the proper performance of their professional duties.

4. ASSESSMENT FOSTER PARENTS

The assessment foster parent is central to assessment foster home care. Assessment foster home are colleagues and team members who are central to the assessment foster home care. They serve as in-home treatment agents implementing strategies specified in a child's treatment plan.

a. ASSESSMENT HOME RESPONSIBILITIES.

i. THE FOSTERING ROLE

Prospective therapeutic foster parents shall be provided with a written list of duties clearly detailing their role responsibilities prior to their approval by the program.

ii. THE TREATMENT ROLE

As Active agents of planned change, assessment foster parents are not only caretakers of troubled children; they are integral members of a treatment team. Assessment foster home care programs recognize the assessment foster parent as the primary locus of intervention with children and youth in their care and seek to implement and integrate treatment services in a consistent manner within the therapeutic foster home. Assessment foster parents are not expected to function independently. They are asked to perform tasks, which are central to the assessment process in a manner

consistent with the child's assessment treatment plan and the decisions of the treatment team. In addition to their basic foster parenting responsibilities, therapeutic foster parents perform the following tasks and functions.

a. **TREATMENT PLANNING.** Contribute vital input based upon their observations of the child in the natural environment of the home.

b. **TREATMENT IMPLEMENTATION.** Implementing the in-home treatment strategies specified in the child's initial and comprehensive treatment.

c. **TREATMENT TEAM MEETINGS.** Attend team meetings, training sessions and other gatherings required by the program or by the child's treatment plan.

d. **RECORD KEEPING.** The assessment foster parent shall keep a systematic and descriptive record of the child's behavior and progress in targeted areas at least weekly and preferably, a daily basis.

e. **CONTACT WITH CHILD'S FAMILY.** Assist the child in maintaining contact with his/her family and work actively to support and enhance these relationships as outlined in the Individual Service Plan.

f. **PERMANENCY PLANNING ASSISTANCE.** The assessment foster parent shall assist with efforts specified by the treatment team to meet the child's permanency planning goal(s).

g. **COMMUNITY RELATIONS.** Shall develop and maintain positive working relationships with service providers in the

community such as schools, departments of recreation, social service agencies, and mental health programs, and other professionals.

h. ADVOCACY. Shall advocate on be half of the child to achieve the goals identified in the child's assessment treatment plan, to obtain educational, vocational, medical and other services needed to implement the plan.

iii. QUALIFICATION AND SELECTION

Assessment staff selected in part on the basis of their acceptance of the program's treatment philosophy and their ability to practice or carry out this philosophy on a daily basis. They shall be willing and able to accept the intense level of involvement and supervision provided by the program.

Assessment staff shall be willing to carry out all tasks specified in their assessment foster home care program's job description including working directly and in a supportive fashion with the families of children placed in their care.

In selection of prospective assessment staff, several important qualifications should be sought. These may include, but are not limited to, commitment, positiveness, willingness to implement treatment plans and follow the program's treatment philosophy, a sense of humor, enjoyment of children, flexibility, tolerance and the ability to adjust expectations concerning achievement and progress to children's individual needs and capabilities. Assessment of home parents need to approach work with a child as a family commitment,

informing their own children of the nature of the program and children it serves and involving them closely in the decision to function as a assessment foster home.

a. APPROVAL/CERTIFICATION. All assessment foster homes shall be subject to the same standards as traditional foster homes, but they must meet the additional requirements of the guide. Assessment foster parents shall participate in the Group Preparation and Selection Process.

5. **TRAINING.**

Training shall be consistent with this Assessment guide philosophy and methods and shall equip assessment home parents to carry out their responsibilities as agents of the treatment process.

a. PRESERVICE TRAINING. Prior to the placement of children in their homes all assessment foster parents shall satisfactorily complete 40 hours of primarily skill-based training consistent with the agency's treatment methodology and the service needs of the children. As program develops capacity to provide Group Preparation and Selection (GPS)/Deciding Together (DT), GPS/DT will comprise a portion of the 40 hours of pre-service training.

b. IN-SERVICE TRAINING. A written professional development plan shall be on record in each agency, which describes the content and objectives of in-service training for all assessment staff. All assessment staff shall satisfactorily complete a minimum of 24 hours of in-service training annually on assessment home processes in addition to the 15 hours required annually by the Family Foster Home Standards for a total of 39 hours.

Other training shall include, but is not limited to, child safety, crisis intervention, engaging families, influence of violence on children, effects of multiple placements, cultural sensitivity, significance of birth families, substance abuse, universal precautions and infections control, the value of role modeling for children, observation techniques, documentation techniques, confidentiality and other training as identified.

c. EVALUATION OF TRAINING. All assessment staff shall be provided an opportunity to evaluate mandated training.

QUALITY ASSURANCE

Each Assessment Home Program shall have a written Quality Assurance (QA) plan to monitor the performance of each area of the program including, population and number to be served, length of stay, services to be provided, referral process, and other measurable outcomes. The QA system for the Assessment Home Program shall regularly collect and analyze data and conduct case studies to investigate and evaluate the program's performance relative to the goals of the program and to the principles of the R C. Consent Decree.

The goal of Quality Assurance shall be to provide the program and the licensing agency, Alabama State Department of Human Resources, with measurable outcomes for assessing the effectiveness of the program in providing services to the children and families served. The outcome and qualitative data to be collected and monitored will include, among other things:

<u>Outcomes for Programs</u>

1 To develop and execute an assessment to determine the most appropriate permanency plan for children entering the Program

2 To maintain trained professional staff (BSW, MSW, MS, MA, LBSW, LGSW, LCSW, etc)

Caseload size – The program will maintain trained, professional staff so that there will be a 1:6 ratio of staff to children at all time as set by caseload standards

Staff Retention – The program will provide training for all staff per the standards, conduct weekly individual supervisory sessions, and an initial 6 months evaluation and annual evaluations thereafter of all staff.

3 To maintain trained and experience Assessment Home foster parents. Retention of Foster Parents – The program will provide training for all foster parents and group home child care staff per the standards and will maintain training data.

4 The program will conduct annual satisfaction surveys of foster parents to identify areas of strengths and needs.

5 Satisfaction surveys of DHR (the consumer), children served by the program and their families will also be conducted for feedback on program improvement.

Demographic Outcomes

1 To admit any child without regard to age, ethnicity or gender. The age of the child will be within the age range permitted by the agency's license.

Age, ethnicity and gender – The program will maintain this data on all referrals and will identify the reason for denial for admission of any child

2 To stabilize the child to prevent multiple placements while in the Assessment Home Program

Number of placements – At the time of discharge, eighty percent (80%) of children will not have had movement within the Assessment Home Program (with the exception of respite).

Outcomes for Children

1 To plan for safety for children

Safety plans for children – Eighty percent (80%) of the children will have a safety/crisis plan developed at the time of placement. The remainder of the children will have a safety/crisis plan within 24 hours of admission.

2 To obtain a comprehensive assessment that will address the children's needs

Attainment of Comprehensive Assessment – One hundred percent of children admitted to and who successfully complete the Assessment Program will receive a comprehensive assessment within 90 days of placement that will permit the referring agency to make an appropriate placement decision for the child, including identification of other needs and services.

3 To increase the ability of foster children to set and achieve goals for productive living

Ability of children to set and achieve goals for productive living – At the time of discharge, eighty percent (80%) of children in the Assessment Program will have met eighty percent (80%) of their treatment goals set for the Assessment Program.

Process Outcomes

1 To record monthly all admissions, discharge and daily census data

Admissions and discharge and daily census – The program will develop a tracking system that will record one hundred percent (100%) of all referrals, admissions, discharges and daily census data

2 To record monthly all discharges by placement type

Discharge to less/more restrictive setting – The program will track information on one hundred percent (100%) of children that will reflect where the children were discharged.

3 To record monthly all admissions by location of child's county of origin

The program will develop a tracking system that will track one hundred percent (100%) of all admissions based on the child's county of origin

4 To track one hundred percent (100%) of all admissions by length of stay in the Assessment Program

The program will develop a tracking system that will record the length of stay at discharge for one hundred percent (100%) of all admissions. For children in the program beyond the initial 90 days, the program will provide documentation to support the extended stay

Assessment Congregate Care Settings

POPULATION TO BE SERVED:

Assessment placement services will be available to children who need an out-of-home placement and assessment services to assist in identifying a permanent placement. These children will enter placement with a variety of behaviors, some with moderate to severe emotional and behavioral problems. Depending on the type of the Assessment program, age varies, as follows: child care institutions and group homes can care for ages 6 to 19 years, and providers holding a shelter license and providing assessment services can care for age birth to 19 years.

The assessment placements are NOT locked facilities and will not accept referrals on children who need lock down. The assessment placements will NOT accept children who are acting out illegally, actively psychotic, or a danger to self or others. Assessment placements will NOT require a DSM IV diagnosis for placement.

Examples of appropriate referrals are:

1. A New entry into care
2. Current Placement is not meeting child's needs and there are questions about what type of placement would be appropriate
3. A child is experiencing multiple placements
4. Runaways
5. Crisis stabilization

NUMBER TO BE SERVED:

The Assessment Congregate Care Facility must have the capacity to serve at least 7 children.

INDIVIDUAL SERVICE PLAN POLICY:

In accordance with the R.C. Consent Decree and good social work practice, ISP's shall be held at the time of placement. In times when the department is unable to have an ISP at the time of placement, and ISP will be held within 72 hours of placement. Within 10 working days, the county DHR office will arrange a meeting with the ISP team to discuss further assessment and to plan for the 30-day ISP review. The ISP team will be comprised of DHR, the providers, birth families, school counselors, age appropriate children and significant others in the child's life. When the child has been in the assessment placement for 60 calendar days, a transition/discharge ISP will be conducted with recommendations for the appropriate placement and steps to transition the child to an identified resource.

REFERRAL PROCESS:

A child who is referred by DHR must be in the custody of DHR or on a Boarding Home Agreement. A DSM-IV diagnosis is NOT required for placement. The county departments must submit a written referral using a DHR application form. The application process must also include DHR-OCG 724 or 1878. They must provide as much information as the county has obtained. The county DHR department must also complete an Interagency Agreement using DHR-DFC 823 with 72 hours of placement. For after hours placements, only the application form will be submitted at the time of placement; all subsequent forms will be submitted the next working day by the designated staff of the referring department.

PROVIDER SERVICES

1. Assessment Congregate Care Facilities will be available for children who are in need of assessment. The services will be available to children with moderate to

severe emotional and behavioral problems and who are not suicidal, homicidal, or actively psychotic.

2. On call will be available 24 hours a day, seven days a week. The assessment facility will have the capacity, in partnership with DHR, to provide the following services:
    a. Transport to school, medical and mental health appointments:
    b. Maintain the child's involvement in extracurricular activities, if possible;
    c. Document observations of behavior and interactions with others through Narrative recording and/or use of a behavior chart;
    d. Assess strengths and need of the child and his/her family
    e. Prior to discharge, work with the identified placement resource for a smooth transition.
3. Provider will be present and an active participant in the ISP and IEP for each child.
4. Provider will assist with visitation as specified and agreed upon in ISP.
5. Provider will work with DHR to make certain that a current educational assessment, psycho-social assessment, developmental assessment and medical assessment is available for each child.
6. Providers will provide a written treatment plan within 10 working days of placement whether by written communication, telephone or face-to-face.
7. Provider will have weekly contact with the DHR worker or supervisor regarding the child.
8. Provider will do 3 follow up contacts within 60 days regarding the child after discharge. These contacts can include:
    - Face to face contact by worker and/or foster parent

- Telephone contact
- Attend ISP's , court
- Contact with DHR worker
- Contact with other providers

9. Providers will send child specific quarterly reports to the County DHR which include program outcome information.
10. Providers will complete the assessment process and have the assessment document to DHR within 90 calendar days. Exceptions will be evaluated on a case-by-case basis.
11. Educational services will be provided by on-campus school or other schools utilized by the facility. Educational needs and services must be included in the placement ISP.

DHR SERVICES:

1. DHR will pay the standard board payment or contract rate to each Congregate Care Facility.
2. DHR will apply for child's Medicaid within 5 days of placement. DHR will assume financial responsibility for all medical expenses not covered my Medicaid. DHR will notify the facility when the application for Medicaid ahas been completed.
3. For children not eligible for Medicaid, DHR will be responsible for medical expenses and/or applying for health insurance, either private or "All Kids."
4. DHR will schedule and conduct the ISP within 72 hours of placement and will include the provider in all ISPs and IEPs concerning the child. Providers can all for a meeting of the ISP team per current ISP policy.
5. DHR worker will have face-to-face contact in the assessment facility with the child at least monthly. These visits will be coordinated with the facility staff.

6. DHR worker will maintain frequent and regular contact with the provider and will return all provider phone calls within a maximum of 24 hours.
7. DHR will maintain responsibility as primary case manager, including scheduling a transition/discharge ISP within 60 days to identify a specific placement resource for the child as recommended by the assessment. The development of a concurrent plan should also occur during this ISP meeting.
8. DHR will have primary responsibility for child's visitation with family. The specifics of visitation will be addressed in the ISP.
9. If psychological evaluations are not conducted in-house at the facility, DHR will authorize payment for the evaluations by the DHR-1878.
10. A crisis plan will be developed at the time of placement. This plan should be an integral part of the ISP but must be completed at the time of placement even if the full ISP is not completed at that time.

LENGTH OF STAY:

Assessment placements are intended to be focused and short term. Children should remain in assessment homes less than 120 calendar days.

At about 60 calendar days into the placement, a transition/discharge ISP should be held to plan for discharge. All exceptions will be evaluated on a case-by-case basis.

QUALIFICATIONS OF STAFF AND TRAINING

A. AGENCY PERSONNEL

Agency personnel must adhere to, in addition to the standards herein, any applicable rules, regulations, and standards set forth by federal, state, or local governments or agencies for the purpose of governing agencies providing care or responsible for the

placement of children. Written job descriptions shall be provided on all staff and will be maintained on site.

Assessment Congregate Care personnel perform several roles and carry a wide variety of responsibilities. Primary among these is their responsibility for providing in-depth assessment to assist counties in permanency planning for the child. Personnel shall include at least a child are worker, a supervisor or clinical consultant, and licensed social service staff. Responsibilities required of program staff include, but are not limited to, care and supervision of the child, case assessment and consultation, clinical and administrative supervision of staff, 24 hour crises intervention, on-call services, participation on the child and family planning team, training, child intake and placement, record keeping, and program evaluation.

The responsibilities ascribed to program staff will vary according to the size, nature and discretion of individual agencies.

1. **SUPERVISOR**

The Supervisor takes ultimate responsibility for the development of an assessment treatment plan based on a thorough assessment for each child admitted to the program.

a. SUPERVISOR'S RESPONSIBILITIES

i. **CASEWORK SUPERVISION.** The Supervisor provides regular support and guidance to subordinate staff through weekly supervisory meetings. Formal supervisory meetings shall be supplemented as needed by informal contact between Supervisor and staff. The supervisor's caseload shall not exceed 6 staff at any one time.

ii. **TREATMENT TEAM.** The Supervisor oversees and supports the Case Work as leader of the assessment programs treatment team and shares ultimate responsibility for team plans and decisions. The supervisor provides information and training as needed to treatment team members.

iii. **CRISUS ON-CALL.** The Supervisor provides coordination and backup to assure that 24-hour on call crisis intervention services are available and delivered as needed to the Assessment Congregate Care staff, the children, and their families.

b. SUPERVISOR'S QUALIFICATIONS

The Supervisor shall be:

i. LCSW or LPC.

ii. An individual possessing a Master's degree or above from a university or college with an accredited program for the respective degree in psychology, social work, counseling or other areas that require equivalent clinical course work and who:

a. has successfully completed a practicum as part of the requirements for the degree, or

b. has 6 months post Master's level professional experience supervised by a Master's level or above with two years of postgraduate professional experience or.

iii. LBSW with five (5) years experience in children's therapeutic setting.

2. **LICENSED SOCIAL SERVICE STAFF**

The LSS staff member initiates the development of treatment plans based on the strengths and needs identified in the family and/or child's Individualized Service Plan, provides support and consultation to Assessment Congregate Care Facility staff,

to families of children in care and to other treatment team members related to their role as described in treatment plan; and advocates for, coordinates, and links children and families with needed services available within the community. Specifically, the LSS staff must perform the functions and meet the qualifications stated below.

a. LICENSED SOCIAL SERVICE (LSS) STAFF DUTIES/RESPONSIBILITIES

i. TREATMENT TEAM. Under the supervision of the Supervisor, the LSS staff takes primary day-to-day responsibility for leadership of the assessment program treatment team. If the LSS staff person prevented from participation in a treatment team meeting, the supervisor takes over that responsibility. The treatment team leader manages team decision-making regarding the care and treatment of the child and services to the child's family, as identified in the child's assessment treatment plan. The LSS staff provides information and training as needed to treatment team members. The LSS staff shall take a proactive role in identifying the goals and coordinating treatment services provided to the child by persons or agencies outside the program whether or not these persons or agencies participate regularly as treatment team members.

iii. **TREATMENT PLANNING**. Under the supervision of the Supervisor, the LSS staff person takes primary responsibility for the preparation of each child's written assessment treatment plan. The LSS staff person signs off on treatment plans and updates. The LSS staff implements and involves other treatment team members in this process including the assessment foster parents or assessment group home staff, the child, and the child's family and DHR. The supervisor

reviews, updates if needed, and approves treatment plans. The LSS staff person of the supervisor provides assessment information to the DHR county office at the completion of the assessment process.

iii. SUPPORT/CONSULTANT TO ASSESSMENT GROUP STAFF

The LSS staff person shall provide regular support and technical assistance to the assessment foster parents or assessment group home staff in their implementation of the treatment plan and with regard to other responsibilities they undertake. Fundamental components of such technical assistance will be the design or revision of in-home or in the group home treatment strategies including pro-active goals setting and planning, and the provision of ongoing child-specific skills training and problem solving. This can be best facilitated through teaching, modeling, coaching, and feedback.

Other types of support and supervision should include emotional support and relationship building, the sharing of information and general training to enhance professional development, assessment of the child's progress, observation and assessment of family interactions, stress, and safety issues. The LSS staff shall visit the assessment foster home/assessment group home to meet with at least one foster parent or group home staff no less than weekly.

CASE LOAD. The number of children assigned to a LSS staff person function of several variables including the size and density of the geographic area served, the array of job responsibilities assigned, and the difficulty of the population served. The maximum number of children that may be assigned to a LSS staff person is ten (10). An

LSS staff person with responsibility for casework in an assessment program may not have additional ongoing duties within that program or other programs.

v. **CONTACT WITH CHILD.** The LSS staff or other staff shall regularly spend time alone with children in care to allow them the opportunity to communicate special concerns, to make a direct assessment of their progress, to monitor for potential abuse and to build relationships. Such face-to-face contact must occur in-home at least weekly.

SUPPORT/CONSULTATION TO THE FAMILIES OF CHILDREN. During a child's tenure in assessment program, the LSS staff shall seek to support and enhance the child's relationships with family members. The Assessment LSS staff will collaborate with a DHR case worker to establish regular contact and visitation between children and their parents, other family members, and significant others as specified in the Individualized Service Plan. The LSS staff shall involve the child's parents in treatment team meetings, plans and decisions and to keep them informed of the child's progress in the program. If the child's parents are not actively involved in planning for the child, the reasons must be documented in the case record.

COMMUNITY LIASION AND ADVOCACY. Based on a thorough assessment of the child's strengths and needs, the LSS staff and other members of the treatment team shall determine which community resources and/or services are required and how they may be used to meet the objectives of the child's assessment treatment plan.

The LSS staff with the treatment team will advocate and assist in creating and coordinating the provision of such services and shall provide technical assistance to community service providers as needed to maximize the benefit of these services to the child.

vi. **CRISIS ON-CALL.** The LSS staff, together with other professionals' staff as designated by the agency, shall be on-call to assessment foster parents/assessment group home staff, children, and their families. This coverage is on an around-the clock, 7 day-a-week basis.

b. LICENSED SOCIAL SERVICE STAFF QUALIFICATIONS

The LSS staff shall be:

a. LBSW.

b. LCSW

c. LGSW

d. LPC or,

e. A licensed psychologist

3. CHILDCARE WORKERS AND RELIEF STAFF

Childcare staff-known variously as child care workers, house parents or cottage parents and relief staff persons are vital in the assessment process. They are the individuals who observe the children on a daily basis and who will document may of the behaviors, which will be used in determining the best placement for children. They are vital members of the ISP tem, and their input in decision-making is crucial.

QUALIFICATIONS

The childcare workers must have the following qualifications:

- A high school diploma or a GED certificate
- Training or experience in child development issues

- Physical health adequate to participate, when appropriate, in the activities of children, as documented by the required medical examination
- Minimum age of 21 years old

b. RESPONSIBILITIES

Some of the responsibilities of childcare workers include:

- Provide direct care and supervision of children
- Every childcare staff worker who directly supervises children shall be off at least 24 consecutive hours per week for which they are not working in a childcare worker capacity.

When two relief staff are unavailable, one childcare worker shall be permitted to provide relief for the two regular childcare staff, as long as staff-to-child ratio is maintained.

4. AGENCY STAFF DEVELOPMENT. All staff providing direct services to children shall participate in training prior to assuming casework responsibilities and participate in ongoing training as scheduled by the agency throughout the year. Training that must be received by staff with the first 30 days of employment includes:

1. Overview of the Child Care Institution, Group Homes, and Child Placing Agencies, Therapeutic Foster Care, as applicable
2. An overview of assessment congregate care
3. Orientation to the agency's treatment philosophy, policies and procedures including documentation and evaluation requirements
4. Observation of child behaviors with adequate documentation
5. Skill training in the specific treatment methodologies it employs

6. Generally accepted principles of child care and behavior management practices
7. The significance of relationship building and connections to significant others
8. Confidentiality issues
9. Staff's role in the Individual Service Plan Process

Training that must be received by staff within 180 days of employment includes:

1. Crisis intervention and the use of passive physical restraint
2. Grief and loss issues for children in foster care
3. Cultural competence and culturally responsive services
4. The philosophy and characteristics of the system of care required by the R. C. Consent Decree
5. The rights of R. C. class members and their families under the Consent Decree
6. The damage caused to children through multiple placements and staff's role in minimizing multiple placements

The program shall provide a minimum of 39 hours of in-service training per year to all staff providing direct services to children. Included in this training, sessions on Infant and Adult CPR and First Aid are mandatory. Other training shall include, but is not limited to, child safety, crisis intervention, engaging families, influence of violence on children, effects of multiple placements, cultural sensitivity, significance of birth families, substance abuse, universal precautions and infections control, the value of role modeling for children, observation techniques, documentation techniques, confidentiality and other training as identified.

b. CRISIS ON –CALL. The program shall provide on-call crisis intervention support to supplement that provided by the LSS staff to allow for regular respite and to minimize staff burnout.

c. LIABILITY INSURANCE. Professional staff shall be covered by liability insurance.

d. LEGAL ADVOCACY AND REPRESENTAATION. The agency may assist staff in obtaining legal advocacy and representation should the need arise in connection with the proper performance of their professional duties.

QUALITY ASSURANCE

Each Assessment Program shall have a written Quality Assurance (QA) plan to monitor the performance of each area of the program including, population and number to be served, length of stay, services to be provided, referral process, and other measurable outcomes. The QA system for the Assessment Program shall regularly collect and analyze data and conduct case studies to investigate and evaluate the program'' performance relative to the goals of the program and to the principles of the R. C. Consent Decree.

The goal of Quality Assurance shall be to provide the program the licensing agency, and Alabama State Department of Human Resources, measurable outcomes for assessing the effectiveness of the program in providing services to the children and families served. The out come and qualitative data to be collected and monitored will include, among other things:

Outcomes for Programs

1 To develop and execute an assessment to determine the most appropriate permanency plan for children entering the Program

2 To maintain trained staff

Caseload size- The program will maintain trained, professional staff so that there will be a 1:10 ratio of staff to children at all time as set by caseload standards

Staff Retention – The program will provide training for all staff per the standards, conduct weekly individual supervisory sessions, and an initial 6 months evaluation and annual evaluations thereafter of all staff.

3 Satisfaction surveys of DHR (the consumer), children served by the program and their families will also be conducted for feedback on program improvement.

Demographic Outcomes

1 To admit any child without regard to age, ethnicity or gender. The age of the child will be within the age range permitted by the agency's license.Age, ethnicity and gender – The program will maintain this data on all referrals and will identify the reason for denial for admission of any child.

Outcomes for children

1 To plan for safety for children

Safety plans for children – Eighty percent (80%) of the children will have a safety/crisis plan developed at the time of placement. The remainder of the children will have a safety/crisis plan within 24 hours of admission.

2 To obtain a comprehensive assessment that will address the children's needs

Attainment of Comprehensive Assessment – One hundred percent of children admitted to and who successfully complete the Assessment Program will receive a comprehensive assessment within 90 days of placement that will permit the referring

agency to make an appropriate placement decision for the child, including identification of other needs and services.

3 To increase the ability of foster children to set and achieve goals for productive living

Ability of children to set and achieve goals for productive living – At the time of discharge, eight percent (80%) of children in the Assessment Program will have met eight percent (80%) of their treatment goals set fort he Assessment Program.

Process Outcomes

1 To record monthly all admissions, discharge and daily census data

Admissions and discharge and daily census – The program will develop a tracking system that will record one hundred percent (100%) of all referrals, additions, discharges and daily census data

2 To record monthly all discharges by placement type

Discharge to less/more restrictive setting – The program will track information on one hundred percent (100%) of children that will reflect where the children were discharged.

3 To record monthly all admissions by location of child's county of origin

The program will develop a tracking system that will track one hundred percent (100%) of all admissions based on the child's county of origin

4 To track one hundred percent (100%) of all admissions by length of stay in the Assessment Program

The program will develop a tracking system that will record the length of stay at discharge for one hundred percent (100%) of all admissions. For children in the program beyond the initial 90 days, the program will provide documentation to support the extended stay.

REPORTS, SITE VISITS, POLICY AND FORMS

A. Reports

Reports required by State DHR shall be submitted to the State Department of Human Resources' Office of Licensing and Resource Development by the fifteenth (15^{th}) of each month. Submissions may be made by hard copy, fax or e-mail. (See forms in the Form Section for reporting format.)

B. Site Visits

Visits will be made with individual programs yearly by staff of the Office of Licensing and Resource Development, State DHR. All aspects of the program will be reviewed, including staffing and caseloads, children's records, families' records, quality assurance procedures, outcomes and other programmatic areas. Deficiencies shall be addressed by the licensing agency in the form of a corrective action plan to be submitted to OLRD by 30 days.

C. Policy

Assessment services will be provided by an array of resource types. Many of these providers already provide placement services for children who are unable to live in their own homes, e.g. child placing agencies who provide therapeutic foster care services, group homes, child care institutions, etc. It may be determined during an assessment that the most appropriate placement for a child is within the programmatic framework of the assessing agency. Such a decision will be made by the Family Planning Team (ISP team). The assessment must be presented to county DHR caseworker, who in turn is to notify all providers offering the service in the area of the child's residence. No decision will be made outside the context of the ISP to ensure that the best placement for the child is a team decision.

Placements within the program completing the assessment are expected to be minimal. If a DSM diagnosis is made for a child by an assessment agency, a second opinion by a non-related professional must be made before the child can be placed in a treatment program within that agency.

All agencies providing assessment services must have a working knowledge of all the polices and procedures set forth by the R. C. Consent Decree, including the Consent Decree itself. Failure to abide by the policies may lead to the Department's inability to utilize the services of the agency.

D. Forms

The following are forms to be completed for reporting:

Monthly Reporting Form
(Assessment Foster Homes)

Program Name: _____

Location: _____

Month/Year: _____

Number of children in the program at the end of the previous month: (a)_____

Number of children placed within the month (Include county of origin of each):

(b)_____

_____

Number of children with safety/crisis plans at the time of placement: _____

Number of assessments completed within the month: _____

Number of discharges from the program: (c)_____

Discharges: Number planned_____ Number unplanned _____

Number of children in the program at the end of the month: (d) _____**(a+b-c=d)**

Number of foster homes providing assessment services: _____

Counties where the foster homes are located (County name and the number in each county):

Number of children referred during month: _____

Number of children declined for services: _____
Reasons why declined:

Number of children moved within the Assessment Program during the Assessment Process: _____

At the time of discharge,

a. the number of children who had attained assessment goals: _____
b. the number discharged to placement types,
   Home_____ RTC_____ Detention_____TFC_____
   Hospitalization_____ Foster Home_____
   Relative_____
c. length of stay of each child discharged:
d. Name and county of Children in placement longer than 120 days.

Monthly Reporting Form
(Assessment Facilities/Congregate Care)

Facility Name:
_____

Location:
_____

Month/Year: _____

Number of children in the program at the end of the previous month:
(a)_____

Number of children admitted during the month (include the county of origin on each):
(b)_____
____
Number of children with safety/crisis plans at the time of placement:
_____

Number of assessment completed within the month:
_____

Number of discharges from the program: (c)_____

Discharges: Number planned_____ Number unplanned_____
Number of children in the program at the end of the month:
(d)_____ **(a+b-c=d)**

Number of children referred during the month: _____

Number of children declined services: _____
Reasons services were declined:

At the time of discharge,
a. Number of children who had attained their assessment goals: _____
b. Number discharged to placement types,
   Home_____ … Foster home_____
   Relative_____RTC_____ Hospitalization _____
   Detention_____

c. Length of stay of each child discharged:
d. Name and county of children in placement longer than 120 days